

Guidelines for Emergency Care due to an Adverse Event			
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PURPOSE

To ensure that registered nurses working for the Vermont Department of Health are prepared to manage adverse events during clinical operations in a way that is consistent with current standards of practice. *Prevention is the primary objective.* If an adverse event occurs during any clinic or following any clinical procedure Health Department staff will follow emergency guidelines.

PROCEDURE

1. Preparation of Clinic Area
 - a. Staff will ensure that current emergency phone numbers are posted next to each phone
 - b. Staff will know how to call local emergency medical system and will know how to provide clear directions to their exact clinic location
 - c. Each office will ensure that a First Aid Kit, an epinephrine kit (containing a vial of epinephrine, appropriate needles/syringes and epinephrine dosing requirements) and blood pressure equipment are available in the clinical area
 - d. Current CPR instructions should be posted in all clinical areas
2. Preparation and Screening of Client
 - a. To minimize adverse reactions, clients will be carefully screened for precautions and contraindications, including a history of previous reactions or allergies
 - b. The client will be questioned about any history of a severe (anaphylactic) latex allergy
 - c. If there is any contraindication to giving a vaccine or performing a clinical procedure, refer the client to their Primary Care Provider for further discussion and follow up
 - d. Staff will review applicable Health Department medical orders and procedures relevant to the procedure that will be performed
3. Vaccine Adverse Events
 - a. Based on ACIP recommendations, observe the client for 15-20 minutes after vaccination to observe for adverse events
 - b. If there is an adverse event, complete necessary paperwork as outlined under Documentation

Table A
Possible Adverse Reactions from Vaccine Administration or other Clinical Procedures

Reaction	Symptom	Management
Localized/Minor Reaction	Soreness, redness, itching or swelling at the injection site	Apply a cold compress to the injection site. Refer client to physician for recommendations on taking any analgesics.
	Slight bleeding	Apply an adhesive compress over the injection site.
	Continuous bleeding	Place a thick layer of gauze pads over the site and maintain direct and firm pressure. Raise the bleeding injection site above the level of the client's heart. Call 911 if bleeding persists
Fright	Fright before injection is given	Have client sit or lie down for the vaccination or procedure if possible.
Syncope	Extreme paleness, sweating, light-headedness, weakness, coldness in hands and feet	Have client lie flat or sit with head between knees for several minutes. Loosen tight clothing and maintain open airway. Apply cool, damp cloth to client's face and neck.
	Fall, without loss of consciousness	Examine the client to determine if injury is present prior to moving the client. Monitor vital signs if applicable. Place client flat on back with feet elevated. Call 911 if nurse determines they are needed.
	Loss of consciousness	Check the client to determine if injury is present before moving the client. Place client flat on back with feet elevated. Call 911 Monitor vital signs every 5 minutes until emergency services arrive.

Reaction	Symptom	Management
Hyperventilation Syndrome	Lightheadedness, weakness, anxiety, numbness/tingling of hands, feet or around mouth, rapid breathing or sighing. May end in fainting	<p>Have client sit down and provide reassurance to calm anxiety.</p> <p>Counsel/coach client to breath slowly through nose.</p> <p>Call 911 if client does not recover immediately.</p> <p>Monitor vital signs every 5 minutes until emergency services arrive.</p>
Seizure Abnormal activity of brain cells.	<p>Symptoms may include some or all of the following:</p> <ul style="list-style-type: none"> • Temporary confusion • Staring spell • Uncontrollable jerking movements of the arms or legs • Loss of awareness • Loss of consciousness • Loss of muscle control • Incontinence <p>Symptoms will vary depending on the type of seizure.</p>	<p>Assure that the client does not become injured.</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> • Loosen anything around the neck that may make breathing difficult. • Lay client on floor if possible and remove objects that might cause injury. Put something flat and soft, like a folded jacket, under the client's head for protection against a head injury. <p>If possible, turn the client gently onto one side to keep the airway clear.</p> <p>Stay with the person until the seizure ends naturally.</p> <p>Record the length of time the person seizes and symptoms.</p> <p>If someone experiences a seizure or you think they may be experiencing a seizure call 911.</p>
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or hives; swelling of the lips, face or throat; severe bronchospasm; shortness of breath; shock; abdominal cramping; cardiovascular collapse	<p>Call for help from another staff person.</p> <p>A nurse should stay with the client to monitor airway, breathing, circulation and level of consciousness. If possible send a second person to call 911.</p> <p><u>Administer epinephrine as outlined in the VDH Medical Orders for epinephrine administration.</u></p> <p>Monitor client's vital signs every 5 minutes until EMS arrives.</p>

Reaction	Symptom	Management
Cardiopulmonary Arrest	Client is unconscious, has no pulse and no respirations	<p>Establish unresponsiveness and assess cardiopulmonary status.</p> <p>Call for help.</p> <p>A nurse or another staff member certified in CPR should administer CPR while another person calls 911.</p> <p>Continue CPR until EMS arrives or pulse and respirations resume.</p>

4. Documentation

Depending on the nature of the event, the following forms may need to be completed. If unsure about which form(s) to complete, please contact the Public Health Nursing Director.

BGS Incident Report

Submit this report when there is an event or an occurrence that is not ordinary in nature. May be potentially violent or may result in a critical situation. Send a copy to the Chief of Public Health Nursing.

Vaccine Adverse Event Reporting System Report (<http://vaers.hhs.gov>)

Submit this report when there is any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. Must notify the Immunization Program Chief.

VDH Report of Deviation from Standard Clinical Practice (Found in the Clinical Procedure Manual)

Complete this form for all incidents resulting from a deviation from standard practice, even if no harm results to the individuals involved.

References/ Resources:

- i. American Academy of Pediatrics. Red Book: 2015 Report of the Committee on Infectious Disease. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- ii. CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J., Kroger A, Wolfe, S., eds. 13th ed. Washington DC: Public Health Foundation, 2015.
- iii. American Academy of Neurology. www.aan.com
- iv. Immunization Action Coalition. Medical Management of Immunizations. <http://www.immunize.org/clinic/administering-vaccines.asp>